February 26, 2004

## UTILITY PATENT APPLICATION TRANSMITTAL

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Attorney Docket No. Address to: CHIU3034/EM **Box PATENT APPLICATION** First Named Inventor Commissioner of Patents Chuang-Chun CHIUEH (or identifier) P.O. Box 1450 Total Pages 16 Alexandria, VA 22313-1450 Transmitted herewith is a patent application under 37 CFR 1.53(b). Entitled: Oral Prophylactic Agent Against Viral Infection X Submitted herewith are the following: 11 pages of Chinese specification, including claims and Abstract. 33 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 check in the amount of \$690 (\$385- Filing Fee; \$117- Extra Dependent Claim Fee; \$43- Extra Independent Claim Fee; \$145- Multiple Dependent Claim Fee).  $\boxtimes$ SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application. 2.  $\boxtimes$ The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_ Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_\_ filed \_\_\_\_\_\_. - -6. Other: The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805. THE FILING FEE IS CALCULATED AS FOLLOWS: Basic Fee: \$770.00 **Total Claims:** - 20 = 13.00 X \$18 = \$234.00 Independent Claims: - 3 = 1.00 X \$86 = \$86.00 Correspondence Address: Multiple Dependent Claim (add \$290.00): \$290.00 23364 BACON & THOMAS, PLLC 625 Slaters Lane, 4th Floor CUSTOMER NUMBER \$1,380.00 Subtotal: Alexandria, VA 22314-1176 50% Reduction if Small Entity Status: \$690.00 Phone: 703-683-0500 Total: \$690.00 Fax: 703-683-1080 Date: Name: Signature: Reg. No.

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